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ABSTRACT

This annotated bibliography lists print materials, training and educational materials, and programs concerned with nutrition for youth with chronic illnesses and disabilities. Basic bibliographic information and a brief abstract are provided for each of the 87 bibliographic citations which date from 1980 through 1991. Citations are organized into the following categories: adolescent nutrition; nutrition and disability; mental retardation/developmental disabilities; chronic illnesses (arthritis, asthma, cerebral palsy, cystic fibrosis, diabetes, digestive system diseases, phenylketonuria, and Prader Willi syndrome); and learning disabilities. Listings for the 16 training materials also include a brief abstract and source information. Materials include booklets, handouts, videotape recordings, and curriculum guides. Finally, abstracts and contact information is given for three nutrition programs. (DB)

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CYDLINE Reviews:

Issues in Nutrition for Adolescents with Chronic Illnesses and Disabilities

August, 1992

A project of the:
Society for Adolescent Medicine
Adolescent Health Program

EC 301516

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The National Center for Youth with Disabilities is a collaborative project of the Society for Adolescent Medicine and the Adolescent Health Program at the University of Minnesota. The Center is supported through a grant from the Maternal and Child Health Bureau, Division of Services for Children with Special Health Needs, Department of Health and Human Services. The Center's mission is to raise awareness of the needs of youth with disabilities; foster coordination and collaboration among agencies, professionals, parents, and youth in planning and providing services; and provide technical assistance and consultation.

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National
Center for

Youth with Disabilities

Welcome to this issue of *CYDLINE* Reviews, a publication of the National Center for Youth with Disabilities (NCYD). As part of NCYD's commitment to raising awareness of the needs of adolescents and young adults with chronic illnesses and disabilities, we have prepared this bibliography focusing on issues of nutrition. For those new to these Reviews, this collection of annotated bibliographies is drawn from NCYD's National Resource Library. The National Resource Library is a computerized, comprehensive database containing information about youth with chronic illnesses and disabilities, and it includes up-to-date expertise, programs, and literature of all relevant disciplines. Issues of *CYDLINE* Reviews that may be ordered are:

- ***Transition from Pediatric to Adult Health Care for Youth with Disabilities and Chronic Illnesses***
- ***Adolescents with Chronic Illnesses—Issues for School Personnel***
- ***Promoting Decision-Making Skills by Youth with Disabilities—Health, Education, and Vocational Choices***
- ***An Introduction to Youth with Disabilities (In English or Spanish)***
- ***Substance Use by Youth with Disabilities and Chronic Illnesses***
- ***An Introductory Guide for Youth and Parents (In English or Spanish)***
- ***Issues in Sexuality for Adolescents with Chronic Illnesses and Disabilities***
- ***Vulnerability and Resiliency: Focus on Children, Youth, and Families***
- ***Youth with Disabilities and Chronic Illnesses: International Issues***
- ***Race and Ethnicity: Issues for Adolescents with Chronic Illnesses and Disabilities***
- ***Recreation and Leisure: Issues for Adolescents with Chronic Illnesses and Disabilities***
- ***Sports and Athletics: Issues for Adolescents with Chronic Illnesses and Disabilities***
- ***Issues in Nutritionfor Adolescents with Chronic Illnesses and Disabilities***

Nearly 200 journals are regularly reviewed as are relevant books and non-published materials. New entries are added to the library quarterly. Topics in the Bibliographic File include chronic illness or disabling conditions; psychosocial issues; social issues; developmental processes; family; sexuality; education; employment and vocational rehabilitation; community and independent living; service approaches; professional issues; and policy, planning, and legal rights issues.

In addition to the Bibliographic File, the National Resource Library also includes a Program File with information about model programs throughout the country; an Educational Materials File with information on resources for professional development and programming usage; and a Technical Assistance File containing names and background information on consultants with expertise valuable to those involved with youth with disabilities.

You may request specialized searches of the NCYD Resource Library on topics of your choice simply by calling an NCYD Information Specialist. This person will then send the requested information to you in a format similar to this bibliography. In this way, you can easily receive current information on youth with disabilities which is specific to your particular needs and interests. NCYD has other publications available: ***Connections*** (newsletter published three times a year); and ***F.Y.I. Bulletin*** (Fact Sheets presenting statistical and demographic data illustrated with tables, charts, and graphs). If you wish to receive a Publications List or would like information about the Resource Library, our Center can be reached (toll-free in the United States) at **1-800-333-6293, 612-626-2825, or TDD 612-624-3939.**

Thank you for your interest in NCYD. We hope you will take the time to read through this issue of NCYD's *CYDLINE* Reviews and share the contents with others.

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BIBLIOGRAPHIC MATERIALS

Adolescent Nutrition

EDITOR	Golub S.
BOOK	***Health Care of the Female Adolescent***
SOURCE	Haworth Press: New York;1984:141.
ABSTRACT	Invited papers review the health needs of adolescents, nutritional needs, body image and cosmetic concerns, the approach to the first pelvic examination and common menstrual problems, the interaction of psychological and physiological changes during pregnancy, evaluation and management of scoliosis, cigarette smoking by female adolescents, and problem behaviors.

AUTHOR	Hofmann AD; Greydanus DE.
BOOK	***Adolescent Medicine.***
SOURCE	Addison-Wesley: Menlo Park, CA;1983:448.
ABSTRACT	A textbook on adolescent medicine that contains a discussion of adolescent growth and development, a review of medical disorders by organ system, and "special adolescent issues" including nutrition and management of chronic illness.

EDITOR	Mahan LK; Rees JM.
BOOK	***Nutrition in adolescence.***
SOURCE	Times Mirror/Mosby: St. Louis, MO;1984:331.
ABSTRACT	The text contáins a comprehensive review of physiologic and psychosocial development during adolescence. There are detailed discussions of nutrient requirements and techniques of assessing nutritional status; adolescent eating behaviors and the effect of lifestyle variations; the spectrum of eating disorders; the role of physical fitness and athletics in adolescent health; nutritional aspects of chronic illness; the complex issue of the interaction of nutrition and behavior; and nutrition in pregnant teenagers. A chapter addresses the special nutrition needs of adolescents with chronic illnesses. Important developmental issues include: independence and self-reliance, identity and individuality, and peer acceptance.

AUTHOR | Meredith CN; Dwyer JT.
TITLE | **Nutrition and exercise: Effects on adolescent health.**
SOURCE | *Annual Review of Public Health* 1991;12:309-34.

ABSTRACT | A general overview of nutrient needs, eating habits, activity patterns and fitness in contemporary adolescents. Nutritional problems in teens are addressed, and special groups at risk for malnutrition, such as youth with disabilities, are discussed. Strategies to improve adolescent health through better nutrition and exercise are outlined.

AUTHOR | Sharbaugh CS.
TITLE | ***Call to action: Better nutrition for mothers, children, and families.***
SOURCE | National Center for Education in Maternal and Child Health: 2000 15th St. N., Ste. 701, Arlington, VA 22201-2617;1991:356.

ABSTRACT | The proceedings of a national conference sponsored by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services, on current needs and issues in maternal and child nutrition. Information on individual needs, programs, services, assessment, financing, policy, and planning are presented, and recommendations are made in each area. An executive summary provides an overview of trends, needs and issues, and offers action strategies to improve services.

Nutrition and Disability

AUTHOR | Baer MT.
TITLE | **Nutrition services for children with handicaps.**
BOOK | ***Handicapped Children and Youth. A comprehensive community and clinical approach..***
EDITOR | Wallace HM; Biehl RF; Oglesby AC; et al.
SOURCE | Human Sciences Press: New York;1987:134-50.

ABSTRACT | This chapter focuses on the provision of nutrition services for children with disabilities. It addresses the development of nutrition services, needs assessment, utilization of resources, setting goals and objectives, delivery of nutrition services, program management, screening, evaluation, and addressing unmet service needs. Issues of policy and planning are highlighted.

AUTHOR Ekvall SM; et al.
TITLE **Nutritional needs of the handicapped/chronically ill child. Manual I: Nutrition program planning. Presentations from a national interdisciplinary symposium.**
SOURCE UACCDD, Nutrition Dept.: Pavilion Bldg., 3300 Elland Ave., Cincinnati, OH 45229; 1987:70.

ABSTRACT A monograph of nine papers presented at a symposium on improving nutritional status for children with disabilities and chronic illness. Topics addressed include: planning comprehensive health services; future direction in maternal and child health; nutrition services; program planning; nutrition resources; networking; and quality assurance. (Available through the publisher, $10.00).

AUTHOR Ekvall SM; Wheby EA.
TITLE **Nutritional needs of the child with a handicap or chronic illness. Manual II: Clinical nutrition. Presentations from a national interdisciplinary symposium.**
SOURCE UACCDD, Nutrition Dept.; Pavilion Bldg, 330 Elland Ave., Cincinnati, OH 45229; 1987:244.

ABSTRACT A monograph of 23 papers presented at a symposium on clinical nutrition for children with disabilities or chronic illness. Some of the topics addressed include: food allergy; anemia; nutrition in cerebral palsy; nutrition in cystic fibrosis; nutrition in diabetes; nutrition in juvenile rheumatoid arthritis; maternal PKU; wellness and preventive medicine; and supplemental nutrition. (Available through the publisher, $15.00.)

AUTHOR Hanes FA; De Looy AE.
TITLE **Can I afford the diet?**
SOURCE *Human Nutrition: Applied Nutrition* 1987 Feb; 41(1):1-12.

ABSTRACT A commentary on the effects of income restriction on nutrition. Adolescents with chronic illness or disability are among those particularly vulnerable. Rapid growth during the adolescent years requires more energy; often youth with disabilities need accommodations which require extra expense. Economic policy recommendations for the United Kingdom are given.

AUTHOR Kozlowski BW; Powell JA.
TITLE **Position of the American Dietetic Association: Nutrition services for children with special health care needs.**
SOURCE *American Dietetic Association Journal* 1989 Aug;89(8):1133-7.

ABSTRACT A policy statement by the American Dietetic Association concerning nutrition services for children with special health care needs. The Association supports nutrition services which are coordinated, interdisciplinary, family-centered and community-based. Several recommendations for improving nutritional services to this population are included.

AUTHOR Leleiko SS; Benkov KJ.
TITLE **Nutritional support for hospitalized children.**
SOURCE *Hospital Practice* 1986 Apr 15;21(4):179-90.

ABSTRACT An in-depth discussion of clinical approaches to successful nutritional intervention and management of children hospitalized for acute and chronic illness. Nutritional consultation is recommended upon hospital admission with a focus on assessment and prevention of malnutrition.

AUTHOR Sobsey D.
TITLE **Nutritional considerations for severely handicapped children.**
SOURCE EDRS, 1982:13.

ABSTRACT This paper presents a brief outline of potential nutritional problems for children and young adults with severe disabilities. The effects of medication, food preferences, pureed diets, and fluid intake are discussed. Eight suggestions to help reduce nutritional and dietetic problems are made. (Available through EDRS, ED# 232 356, 1-800-443-3742.)

AUTHOR	Story M.
TITLE	**Nutritional needs of adolescents with chronic and handicapping conditions.**
BOOK	***Chronic illness and disabilities in childhood and adolescence.***
EDITOR	Blum R.
SOURCE	Grune & Stratton: Orlando;1984:97-127.
ABSTRACT	This chapter outlines nutrition-related problems and considerations for adolescents with chronic illnesses and disabilities. Potential drug-nutrition interactions are addressed, including the effects of drugs on appetite, taste, nutrients, and absorption. Nutritional assessment through dietary evaluation, anthropometric measurements, biochemical assessments, and physical signs and symptoms is discussed. The importance of nutrition as an essential component of care for adolescents with chronic illness and handicapping conditions is highlighted. This book is out of print, but should be available in libraries.

Mental Retardation/Developmental Disabilities

TITLE	**Position of the American Dietetic Association: Nutrition in comprehensive program planning for persons with developmental disabilities.**
SOURCE	*Journal of the American Dietetic Association* 1987 Aug;87(8): 1068-9.
ABSTRACT	A statement by the American Dietetic Association addressing nutritional concerns of persons with developmental disabilities. Recommendations for service providers are made.

TITLE	**Nutrition in comprehensive program planning for persons with developmental disabilities: Technical support paper.**
SOURCE	*Journal of the American Dietetic Association* 1987 Aug;87(8): 1069-74.
ABSTRACT	This policy statement includes a technical support paper which details some of the nutritional concerns for persons with developmental disabilities. These include feeding problems, altered growth rate, obesity, drug-nutrient interaction, metabolic disorders and caregiver-related problems. Recommendations are given for improving the provision of nutrition services to this population.

AUTHOR	American Occupational Therapy Association, Developmental Disabilities Special Interest Section.
TITLE	**Problems with eating: Interventions for children and adults with developmental disabilities.**
SOURCE	American Occupational Therapy Association: 1383 Piccard Drive, PO Box 1725, Rockville, MD 20850-4375, (301-948-9626 ext 258); 1987:128.
ABSTRACT	A monograph composed of 10 papers covering a wide variety of issues related to the eating behavior of children and adults with developmental disabilities. Topics addressed include: use of videofluoroscopy in evaluation and treatment of swallowing disorders; interventions for nonoral feeders; various aspects of programs for, and the feeding of, individuals with compromised oral-motor function; and occupational therapy and feeding in institutions for persons with mental retardation.

AUTHOR	Coyne P.
TITLE	**Well-being for mentally retarded adolescents: A social, leisure, and nutrition education program.**
SOURCE	University of Oregon Health Sciences Center: Crippled Children's Division, PO Box 574, Portland, OR 97207, 1980:139.
ABSTRACT	This publication presents a program model for teaching and developing social skills, leisure participation, and weight control in adolescents with moderate mental retardation. The program employs an educational-developmental process approach. Included is information on assessment techniques, program strategies, and program organization and implementation. (Can be ordered through the publisher or available through EDRS, ED# 222 014, 1-800-443-3742.)

AUTHOR	Finnegan K; Decker J.
TITLE	**Instant pictures help mentally handicapped develop independent living skills.**
SOURCE	EDRS, 1980:3.
ABSTRACT	A description of the "Nutrition and Fitness Through Visual Learning Program" for persons with mental retardation. Pictures are used to teach about nutrition, food preparation and physical fitness as well as to enhance comprehension and communication. (Available through EDRS, ED# 248 645, 1-800-443-3742.)

AUTHOR Jackson HJ; Thorbecke PJ.
TITLE **Treating obesity of mentally retarded adolescents and adults: An exploratory program.**
SOURCE *American Journal of Mental Deficiency* 1982 Nov;87(3):302-8.

ABSTRACT A study of a multicomponent behavioral weight reduction program for young adults with mental retardation (MR). The program involved 12 young females with MR and their mothers. Results demonstrated the program's effectiveness in producing significant weight loss and maintaining that weight loss over time.

AUTHOR Kalisz K; Ekvall S.
TITLE **A nutritional interview for clients with developmental disorders.**
SOURCE *Mental Retardation* 1984 Dec;22(6):279-88.

ABSTRACT This article includes a form used for nutrition assessment and explanations of the form's various sections. Food summary scores and 3-to-7-day diet diaries are also explained. The authors present information on nutritional problems which frequently require treatment. Advantages and limitations of this method are described.

AUTHOR Litchford MD.
TITLE **Physical characteristics and feeding skills as predictors of adequacy of nutrient intakes of mentally retarded individuals.**
SOURCE *American Journal of Mental Deficiency* 1986 Mar;90(5):521-5.

ABSTRACT A study identifying common characteristics in 80 young adults with mental retardation who have marginal or inadequate nutrient intakes and may be at risk for nutrient deficiencies. Finding indicated that feeding practices, weight status, and psychological and physiological influences have little effect on nutrient intakes. Intakes of iron, calcium, and riboflavin were correlated to the sex of the individual, with females showing consistently lower intakes of these nutrients.

AUTHOR Merante G.
TITLE **Survey of current nutritional practices for persons with mental retardation and developmental disabilities.**
SOURCE Unpublished 1991.

ABSTRACT A survey of 36 nutritionists nationwide to determine nutrition assessment and practice strategies used with persons with mental retardation and developmental disabilities. Data is compared with current recommendations made in the literature, and the use of standards of practice for this population are discussed. (For further information contact: Geri Merante, RD, MPH; 1936 Longvue St.; Yorktown Heights, NY 10598.)

AUTHOR Ohwaki S; Zingarelli G.
TITLE **Feeding clients with severe multiple handicaps in a skilled nursing care facility.**
SOURCE *Mental Retardation* 1988 Feb;26(1):21-4.

ABSTRACT A study of the time required to feed 111 individuals with severe mental retardation and also severe physical disabilities who reside in a nursing care facility. Staff spent much time feeding meals, but they believed it was not long enough to meet the social interaction needs of the patients. Having more available staff, especially on weekends, was recommended to improve this condition.

AUTHOR Pesce KA; Wodarski LA; Wang M.
TITLE **Nutritional status of institutionalized children and adolescents with developmental disabilities.**
SOURCE *Research in Developmental Disabilities* 1989;10(1):33-52.

ABSTRACT This study looked at the nutritional status of persons with mental retardation living in an intermediate care facility. Subjects were divided into three groups: adequate self-feeders, feeders requiring behavior management, and non-feeders. Although most of these residents were below standards for their age, height and weight measures (used as a measure of nutritional status) appeared well coordinated across subjects.

AUTHOR Pruess JB; Fewell RR; Bennett FC.
TITLE **Vitamin therapy and children with Down syndrome: A review of research.**
SOURCE *Exceptional Children* 1989 Jan;55(4):336-41.

ABSTRACT A brief critique of selected research into vitamin therapy, especially for children with Down syndrome. The authors conclude that vitamin therapy has not been shown to be effective with this population, and, in some cases, may be harmful.

AUTHOR Ries GM.
TITLE **Assuring nutrition services to North Carolina's developmentally disabled children. Final report.**
SOURCE EDRS, 1984:67.

ABSTRACT The final report of an evaluation of nutrition services offered by North Carolina's Developmental Disability (DD) Programs. The evaluation concluded that 25% of participants in the DD programs had less than optimal nutrition; most centers had inadequate nutrition counseling and evaluation; and nutrition consultants did not have enough time for direct service involvement. Recommendations are made and funding needs are discussed. (Available through EDRS, ED# 264 680, 1-800-443-3742.)

AUTHOR Roach LT.
TITLE **Special education students dramatize lessons of the "Good Food Wizard"**
SOURCE *Children Today* 1990 Jan;19(1):16-9.

ABSTRACT This article describes a play based on the Wizard of Oz which discusses nutritional values of different foods. The play was performed by students with mental retardation and teachers working with them. The play was a means of teaching information on good nutrition to the students and also provided a recreational activity.

AUTHOR Rotatori AT; Fox R.
TITLE **A comparison of two weight reduction programs for moderately retarded adolescents.**
SOURCE EDRS 1980;18.

ABSTRACT A study about achieving weight loss by 30 adolescents with mental retardation, which compared a multicomponent behavioral weight reduction program to a more traditional, nutrition-based approach. Findings showed significantly higher weight loss in the multicomponent behavioral approach. The problem of obesity in adolescents with mental retardation is discussed. (Available through EDRS, ED# 187 059, 1-800-443-3742.)

AUTHOR Sarber RE; Cuvo AJ.
TITLE **Teaching nutritional meal planning to developmentally disabled clients.**
SOURCE *Behavior Modification* 1983 Oct;7(4):503-30.

ABSTRACT This study documents the practical training procedures used to teach four young adults with developmental disabilities how to plan nutritious meals, devise grocery lists, and locate foods in a supermarket. The functional relationship between the training program and skill acquisition is discussed. Training procedures included various instructional materials, experimental modeling, verbal instructions, and response-contingent feedback. Follow-up showed task maintenance above a 90% level.

AUTHOR Springer NS.
TITLE **From institution to foster care: Impact on nutritional status.**
SOURCE *American Journal of Mental Deficiency* 1987 Jan:91(4):321-7.

ABSTRACT The author presents detailed information on the nutritional status of persons with mental retardation who were moved from institutional settings to foster homes. Many of the subjects were medically fragile with long-term, chronic undernutrition. Persons with cerebral palsy and seizure disorders were reported at high risk for malnutrition. The majority of the subjects improved their nutritional status in foster care.

AUTHOR Springer NS.
TITLE **Nutrition casebook on developmental disabilities.**
SOURCE Syracuse University Press: Syracuse, NY, 1982.

ABSTRACT A comprehensive resource on nutrition-related problems in youth with developmental disabilities and interventions that may be used to manage them. Techniques for evaluating nutritional status, diet therapy, dietary modifications, feeding skills, food allergies, obesity and drug-nutrient interactions are discussed. Resources are suggested and recommendations are made. (Available through the publisher. To order, call 1-800-365-8929.)

AUTHOR Wodarski LA.
TITLE **Nutrition intervention in developmental disabilities: An interdisciplinary approach.**
SOURCE *Journal of the American Dietetic Association* 1985 Feb;85(2):218-21.

ABSTRACT An overview of the problems and unique variables influencing nutrition in persons with developmental disabilities and chronic illnesses. Factors affecting intake and nutrient availability are discussed, and an interdisciplinary service model is presented as an effective method for meeting the nutrition needs of this population.

Chronic Illnesses

Arthritis

AUTHOR Bacon MC; White PH; Raiten DJ; et al.
TITLE **Nutritional status and growth in juvenile rheumatoid arthritis.**
SOURCE *Seminars in Arthritis and Rheumatism* 1990 Oct;20(2):97-106.

ABSTRACT A study of 34 children and adolescents with juvenile rheumatoid arthritis (JRA) to examine the relationship among dietary habits, nutritional status, and physical growth. No significant correlations were found among variables, but short stature and nutritional deficiencies were found across and within different types of JRA. Each of the three types of JRA studied (systematic JRA, polyarticular JRA, and pauciarticular JRA) appear to have unique characteristics of nutritional status and growth.

AUTHOR Henderson CJ; Lovell DJ.
TITLE **Assessment of protein-energy malnutrition in children and adolescents with juvenile rheumatoid arthritis.**
SOURCE *Arthritis Care and Research* 1989 Dec;2(4):108-13.

ABSTRACT A study examining the incidence of protein-energy malnutrition (PEM) in 28 children/youth with juvenile rheumatoid arthritis (JRA). Thirty-six percent of patients had PEM; 36% were not at nutritional risk; and 28% had some nutritional abnormalities. The study suggests that patients with JRA are at significant risk of developing complicated malnutrition that may result in PEM in the absence of any obvious signs of malnutrition. Greater involvement of a pediatric dietitian during assessment is suggested.

AUTHOR Johansson U; Portinsson S; Akesson A; et al.
TITLE **Nutritional status in girls with juvenile chronic arthritis.**
SOURCE *Human Nutrition: Clinical Nutrition* 1986;40(1):57-67.

ABSTRACT A study on the nutrition status (with emphasis on nutrients) of 26 adolescent girls with juvenile chronic arthritis. Results showed decreased plasma selenium and blood glutathione, and impaired growth, especially in the youngest subjects. The authors recommend further research to examine whether dietary changes or supplements would be helpful in normalizing nutritional status or affecting the course of the disease.

AUTHOR Mortensen AL; Allen JR; Allen RC.
TITLE **Nutritional assessment of children with juvenile chronic arthritis.**
SOURCE *Journal of Paediatrics and Child Health* 1990 Dec;26(6):335-8.

ABSTRACT A study assessing the nutritional status and dietary adequacy in 38 children/youth with juvenile chronic arthritis (JCA). Findings indicate poor nutritional status in subjects with systematic or polyarticular forms of JAC and inadequate intakes of energy, calcium, and zinc. The findings support the need for nutritional assessment in the management of JCA.

AUTHOR Portinsson S; Akesson A; Svantesson H; et al.
TITLE **Dietary assessment in children with juvenile chronic arthritis.**
SOURCE *Journal of Human Nutrition and Dietetics* 1988;1:133-40.

ABSTRACT A study examining nutrient intake and dietary habits of 26 female adolescents and a control group. Results found few differences in either nutrient intake or food habits between the two groups. Intake of iron and vitamin D was lower than the recommended dietary allowances for both groups.

Asthma

AUTHOR Dawson KP; Ford RP; Mogridge N.
TITLE **Childhood asthma: What do parents add or avoid in their children's diet?**
SOURCE *New Zealand Medical Journal* 1990 May;103(890):239-40.

ABSTRACT In this study of 100 children, 46% experienced a dietary change because of hoped for therapeutic benefit. Dairy products were the most prominent food removed from the diet. Medical advice was credited for only 14% of the dietary changes, with most changes being the parents' own ideas.

Cerebral Palsy

AUTHOR Gisel EG; Patrick J.
TITLE **Identification of children with cerebral palsy unable to maintain a normal nutritional state.**
SOURCE *Lancet* 1988 Feb;1(8580):283-6.

ABSTRACT A study of seven adolescents with cerebral palsy (CP) to identify motor development problems that affect nutritional status. Adolescents with CP were found to have inefficient eating behaviors and needed significantly longer periods of time for eating. Early diagnosis of eating problems is recommended to prevent nutritional deficiencies. The use of ancillary feeding is discussed.

Cystic Fibrosis

AUTHOR: Bell L; Durie P; Forstner GG.
TITLE: **What do children with cystic fibrosis eat?**
SOURCE: *Journal of Pediatric Gastroenterology and Nutrition* 1984 3(Suppl.):S137-46.

ABSTRACT: A review of two studies from Toronto on adolescents with cystic fibrosis (CF) and nutritional evaluations. Food choice behaviors and foods children with CF are told to eat are discussed, and recommendations for future studies are made. Included are published reports from other centers examining dietary intakes.

AUTHOR: Buchdahl RM; Fulleylove C; Marohant JL; et al.
TITLE: **Energy and nutrient intakes in cystic fibrosis.**
SOURCE: *Archives of Disease in Childhood* 1989 Mar;64(3):373-8.

ABSTRACT: A dietary survey of 20 children and adolescents with cystic fibrosis (CF) to examine energy and nutrient content. Results, when compared with published norms, show a reduced fat content in diets of children with CF as well as reduced intakes of zinc and iron. The importance of whole milk as a source of extra fat and energy is discussed.

AUTHOR: Gerson WT; Swan P; Walker A.
TITLE: **Nutrition support in cystic fibrosis.**
SOURCE: *Nutrition Reviews* 1987 Dec;45(12):353-60.

ABSTRACT: An article highlighting the importance of nutritional support in the treatment of cystic fibrosis. Methods of nutrition support and identification of high risk patients with cystic fibrosis are addressed. Recommendations are made regarding treatments and directions for future research.

AUTHOR: Kelleher J; Goode HF; Field HP; et al.
TITLE: **Essential element nutritional status in cystic fibrosis.**
SOURCE: *Human Nutrition. Applied Nutrition* 1986 Apr;40(2):79-84.

ABSTRACT: A study of 117 children and adolescents with cystic fibrosis to examine essential element status and the effects of steatorrhoea and pulmonary infection on this status. Findings suggest adequate levels of essential elements with the exception of low iron levels. No evidence was found that steatorrhoea or pulmonary infection directly influence essential element status.

AUTHOR Levy LD; Durie PR; Pencharz PB; et al.

TITLE **Effects of long-term nutritional rehabilitation on body composition and clinical status in malnourished children and adolescents with cystic fibrosis.**

SOURCE *Journal of Pediatrics* 1985 Aug;107(2):225-30.

ABSTRACT A longitudinal study of 14 children and adolescents with cystic fibrosis and moderate to severe lung disease, malnutrition, or growth failure. The study examined the effects of supplemental gastronomy feeding on growth, pulmonary function, and quality of life. Results demonstrated that long-term nutritional supplements may increase growth, allow greater participation in daily living activities, and delay a decline in lung functioning.

AUTHOR Luder E; Gilbride JA.

TITLE **Teaching self-management skills to cystic fibrosis patients and its effects on their caloric intake.**

SOURCE *Journal of the American Dietetic Association* 1989 Mar;89(3) 359-64.

ABSTRACT A longitudinal study of 37 patients with cystic fibrosis to examine the effect on caloric intake and enhanced body mass values of nutrition counseling that leads to self-management of treatment. Results indicate that with counseling, patients with cystic fibrosis are able to increase their caloric intake and body mass significantly while on a non-restricted diet.

AUTHOR MacDonald A; Holden C; Harris G.

TITLE **Nutritional strategies in cystic fibrosis: Current issues.**

SOURCE *Journal of the Royal Society of Medicine* 1991;84(Suppl.18):28-35.

ABSTRACT A review of current research on nutrition in children and adolescents with cystic fibrosis (CF). High energy diets, dietary supplements, internal feeding, diabetes and CF, and nutrition education are discussed. A team approach to dietary management is advocated.

AUTHOR Marcotte JE; Canny GJ; Grisdale R; et al.

TITLE **Effects of nutritional status on exercise performance in advanced cystic fibrosis.**

SOURCE *Chest* 1986 Sep;90(3):375-9.

ABSTRACT A study of 22 adolescents and young adults with advanced cystic fibrosis and lung disease to determine the effects of poor nutritional status on exercise performance. Results concluded that nutritional status and lung function were not related. Nutrition played a significant role in exercise performance; malnourished patients with cystic fibrosis showed altered cardiac performance on exercise testing.

AUTHOR Nettles AT; Weinhandl J.

TITLE **Diabetes secondary to cystic fibrosis: An increasing clinical problem.**

SOURCE *Diabetes Educator* 1990 Nov-Dec;16(6):478-82.

ABSTRACT This article reports on a study of 34 young adults who have cystic fibrosis (CF) and a secondary condition of diabetes. The article discusses strategies for teaching diabetes coping skills to these individuals. Monitoring nutrition becomes even more important when a person must cope with both illnesses. The strategies of a 21-year-old woman are reported; they include diet, exercise, insulin monitoring, and an awareness of her social and emotional needs.

AUTHOR Pencharz P; Hill R; Archibald E; et al.

TITLE **Energy needs and nutritional rehabilitation in undernourished adolescents and young adult patients with cystic fibrosis.**

SOURCE *Journal of Gastroenterology and Nutrition* 1984 3(Suppl.):S147-53.

ABSTRACT A study of six undernourished adolescents with cystic fibrosis (CF) receiving nasogastric feeding to examine their energy needs, nutritional status, and body composition. Energy needs of these youth were 25-80% higher than in a comparable individual without CF. Marked wasting of the adipose tissue was also noted. A model for the etiology of undernutrition in adolescents with CF and deteriorating lung function is proposed, and the potential of long-term supplementation is examined.

AUTHOR Stead RJ; Hodson ME; Batten JC; et al.
TITLE **Amenorrhea in cystic fibrosis.**
SOURCE *Clinical Endocrinology* 1987 Feb;26(2):187-95.

ABSTRACT A study of the relationship of menstrual history, nutritional status, and pulmonary function in 45 adolescents and adult women with cystic fibrosis. Percentage of body fat was the best predictor of menstrual function; women who were undernourished menstruated at less regular intervals. Amenorrhea was related more to thinness than to severity of lung disease.

AUTHOR Wilson-Goodman V; Taylor ML; Mueller D; et al.
TITLE **Factors affecting the dietary habits of adolescents with cystic fibrosis.**
SOURCE *Journal of the American Dietetic Association* 1990 Mar;90(3): 429-31.

ABSTRACT A study of 19 adolescents with cystic fibrosis (CF) to examine current food intake and factors that may effect this. Results showed some growth retardation in all subjects. This study strengthened previous observations showing that nutrient intake may be related to gender, degree of illness, and family structure; i.e., adolescents with CF from intact families tended to be in higher percentiles for both weight and height. Implications for dietitians and other health-care providers are discussed.

AUTHOR Wootton SA; Murphy JL; Bond SA; et al.
TITLE **Energy balance and growth in cystic fibrosis.**
SOURCE *Journal of the Royal Society of Medicine* 1991 84;(Suppl.18):22-7.

ABSTRACT A discussion of nutrition issues which emphasize energy intake, loss, and expenditure. The role of energy loss and malnutrition in pulmonary function is examined.

Diabetes

AUTHOR Arky, RA.
TITLE **Nutrition therapy for the child and adolescent with type I diabetes mellitus.**
SOURCE *Pediatric Clinics of North America* 1984 Jun;31(3):711-19.

ABSTRACT This chapter is one of a collection of review articles from a symposium on juvenile diabetes. The author discusses the principles of nutrition therapy, both in general and under certain special considerations. Education is essential and should begin as soon as possible after diagnosis.

AUTHOR Chipman J; Waller D; North A; et al.
TITLE **Family behavior and metabolic control of IDDM.**
SOURCE *Journal of Adolescent Health Care* 1985 Jul;6(4):339.

ABSTRACT An abstract of a paper presented at the annual meeting of the Society for Adolescent Medicine, March 1985. This study examined the relationship between specific family behaviors associated with metabolic control and age. There was correlation between guidance/control and metabolic control in younger children (ages 8-12 years). For adolescents, it was important to combine increased responsibility with parental involvement. The study suggests that developmental issues and family support are important to education in diabetes care.

AUTHOR Connell JE; Thomas-Dobersen D.
TITLE **Nutritional management of children and adolescents with insulin-dependent diabetes mellitus: A review by the diabetes care and education dietetic practice group.**
SOURCE *Journal of the American Dietetic Association* 1991 Dec;91(12): 1556-64.

ABSTRACT A comprehensive nutrition review of management issues in insulin-dependent diabetes mellitus emphasizing research and data on children and adolescents. Diabetes nutrition education is presented in four stages: assessment, planning, implementation, and ongoing evaluation. The importance of developing a nutrition plan that fits individual life style, promotes optimal compliance, and advances the goals of management is stressed. Future research needs are identified.

AUTHOR Delameter AM; Smith JA; Kurtz SM; et al.
TITLE **Dietary skills and adherence in children with type I diabetes mellitus.**
SOURCE *Diabetes Educator* 1988 Jan;14(1):33-6.

ABSTRACT Children and adolescents with diabetes and their mothers were interviewed on recall of dietary prescriptions, i.e., food skills and dietary adherence. Recall of diet prescriptions averaged 53.7%; adherence to diet was also found to be low. Suggestions for addressing these issues in a clinical setting are discussed.

AUTHOR Gebre-Medhin M; Kylberg E; Ewald U; et al.
TITLE **Dietary intake, trace elements and serum protein status in young diabetics.**
SOURCE *ACTA Paediatrica Scandinavica Supplement* 1985;(Suppl. 320):38-43.

ABSTRACT A study of 27 youths with insulin-dependent diabetes mellitus (IDDM) and 13 youths in a control group to examine dietary intake, trace elements, and serum proteins. Results show higher dietary and nutrient intakes, yet significantly lower serum magnesium in children with IDDM. The potential relationship of energy and nutrient intake to vascular damage is discussed.

AUTHOR Giordano BP; Rainwater NG.
TITLE **A team approach to...Dietary problems of an adolescent.**
SOURCE *Diabetes Educator* 1985 Win;10(4):60-1.

ABSTRACT This article describes a multidisciplinary team treatment approach used to help an adolescent overcome her eating-related fears and still maintain good diabetes control.

AUTHOR Hamp M.
TITLE **The diabetic teenager.**
BOOK ***Chronic Illness and Disabilities in Childhood and Adolescence.***
EDITOR Blum RW.
SOURCE Grune and Stratton: Orlando;1984:217-38.

ABSTRACT This chapter provides a description of what a diagnosis of diabetes mellitus entails medically and psychosocially. Adolescent development is discussed within this context. Issues explored include: family relations, self-care, insulin usage, compliance in treatment, nutrition, diabetic control, exercise, sexuality/reproduction, alcohol/drug use, smoking, and employment. Labeling and other psychosocial influences on health are addressed. This book is out of print but should be available in libraries.

AUTHOR Kaar ML; Akerblom HK; Huttunen NP, et al.
TITLE **Metabolic control in children and adolescents with insulin-dependent diabetes mellitus.**
SOURCE *ACTA Paediatrica Scandinavica* 1984 Jan;73(1):102-8.

ABSTRACT A study of metabolic control in 177 children and adolescents. Factors associated with control include male sex, young age, motivation and adherence to the dietary regime. Factors having a negative correlation were: long duration of the disease, presence of puberty, and relatively high age in childhood.

AUTHOR Kupper NS; Foster MB; MacMillan DR.
TITLE **Treating children with type I diabetes mellitus: Choosing an appropriate nutritional treatment strategy.**
SOURCE *Diabetes Educator* 1988 May-Jun;14(3):238-42.

ABSTRACT A discussion of the advantages and disadvantages associated with the use of the four most commonly used nutritional approaches for the treatment of children with insulin-dependent diabetes mellitus: the unmeasured, free, or no concentrated sweet diet; the ADA exchange list; the calorie carbohydrate point system; and the constant carbohydrate diet. Tables and case studies are presented.

AUTHOR Lorenz RA; Christensen NK; Pichert JW.
TITLE **Diet-related knowledge, skill, and adherence among children with insulin-dependent diabetes mellitus.**
SOURCE *Pediatrics* 1985 May;75(5):872-6.

ABSTRACT A study of 90 children (ages 9-15 years) with diabetes to assess dietary adherence and dietary skills, including the ability to recall the diet plan, select foods during a buffet-style meal, and choose a meal from a restaurant menu. Substantial deficits were found in all knowledge and skill areas required for dietary adherence. Disease-management behaviors appear to be complex and possibly underestimated by health educators.

AUTHOR Maryniuk MD.
TITLE **Practical aspects of nutrition in the management of diabetes mellitus.**
SOURCE *Primary Care* 1982 Sep;9(3):557-72.

ABSTRACT An article outlining problems encountered in nutrition management for children and adolescents with diabetes mellitus. Realistic goals and priorities for effective nutritional intervention are stressed; guidelines and special situations are discussed.

AUTHOR Scott, SS.
TITLE **Pediatric and adolescent nutrition issues: Glycemic index, fiber, lipids, sodium, and other nutrient controversies in insulin-dependent diabetes mellitus.**
BOOK ***Pediatric and adolescent diabetes mellitus.***
EDITOR Brink SJ.
SOURCE Yearbook Medical Publishers, Inc.: Chicago;1987:273-303.

ABSTRACT This book focuses on issues surrounding diabetes mellitus that are unique to children and adolescents. It offers suggestions for how professionals can best meet the needs of these patients. This chapter addresses the difficulties involved in prescribing precise meal plans for youth with diabetes. Dietary behavior, compliance issues, psychosocial concerns, and behavior problems in reaction to diabetes nutrition therapy are discussed.

AUTHOR Virtanen SM; Rasanen L; Maenpaa J; et al.
TITLE **Dietary survey of Finnish adolescent diabetics and non-diabetic controls.**
SOURCE *ACTA Paediatrica Scandinavica* 1987 Sep;76(5):801-8.

ABSTRACT A study using 48-hour recall interviews to compare the diets of 152 Finnish adolescents with diabetes and a control group. Results indicate differences between adolescents with diabetes and the control group in food consumption, nutrient intake, and intra-individual variation of nutrient intake. These differences, however, decrease or disappear with age.

Digestive System Diseases

AUTHOR Amarnath RP; Fleming CR; Perrault J.
TITLE **Home parenteral nutrition in chronic intestinal diseases: Its effect on growth and development.**
SOURCE *Journal of Pediatric Gastroenterology and Nutrition* 1987 Jan-Feb; 6(1):89-95.

ABSTRACT The author found that home parenteral nutrition (HPN) had a positive effect on growth and development of nine adolescent patients (ages 7-22). Patients with diseases other than Crohn's disease had better growth gains. Growth velocities were also better when HPN was started in younger patients who had only a short period of growth delay.

AUTHOR Kirschner BS.
TITLE **Growth and development in chronic inflammatory bowel disease.**
SOURCE *ACTA Paediatrica Scandinavica Supplement* 1990 336:98-105.

ABSTRACT This article addresses the problems in growth and development for adolescents and children with chronic inflammatory bowel disease (IBD). The role of hormones, the influence of nutrition, and drug therapy are discussed. The importance of adequate nutritional intake in the management of IBD is stressed.

AUTHOR Motil KJ; Altchuler SI; Grand RJ.
TITLE **Mineral balance during nutritional supplementation in adolescents with Crohn disease and growth failure.**
SOURCE *Journal of Pediatrics* 1985 Sep;107(3):473-9.

ABSTRACT A study of six adolescents with Crohn's disease and growth failure to examine the effects of nutritional supplementation on mineral metabolism and collagen turnover. Results suggest that mineral deficiencies can be reversed and collagen-containing tissue restored with nutritional supplementation. Early intervention with nutritional therapy is recommended.

AUTHOR Motil KJ; Grand RJ; Maletskos CJ; et al.
TITLE **The effect of disease, drug, and diet on whole body protein metabolism in adolescents with Crohn disease and growth failure.**
SOURCE *Journal of Pediatrics* 1982 Sep;101(3):345-51.

ABSTRACT A study of six adolescents with Crohn's disease and growth failure to determine the effects of chronic inflammation and corticosteroid therapy on growth retardation. Results suggest that dietary insufficiency is the major factor associated with growth retardation. Nutritional supplementation is recommended.

Phenylketonuria

AUTHOR Alm J; Bodegard G; Larsson A; et al.
TITLE **Children with inborn errors of phenylalanine metabolism: Prognosis and phenylalanine tolerance**
SOURCE *ACTA Paediatrica Scandinavica* 1986 Jul;75(4):619-25.

ABSTRACT Eight- to 18-year follow-up of children diagnosed as infants noting nine able to tolerate normal diet by late childhood.

AUTHOR Azen CG; Koch R; Friedman EG; et al.

TITLE **Intellectual development in 12-year-old children treated for phenylketonuria.**

SOURCE *American Journal of Diseases of Children* 1991 Jan;145(1):35-9.

ABSTRACT The study evaluated intelligence and achievement test scores for ninety-five 12-year-old children with phenylketonuria who were part of a longitudinal study on dietary control therapy. Test scores were positively correlated with parent IQ scores; the age at loss of dietary control was correlated with high PHE blood levels (prior to age 12) showing an association with loss of cognitive and academic performance. The data supports continuation of dietary control into adolescence.

AUTHOR Clarke JTR; Gates D; Hogan SE; et al.

TITLE **Neuropsychological studies on adolescents with phenylketonuria returned to phenylalanine-restricted diets.**

SOURCE *American Journal of Mental Retardation* 1987 Nov;92(3):255-262.

ABSTRACT Adolescents with phenylketonuria who had been on unrestricted diets for 2 to 11 years were evaluated over two consecutive periods during which each was maintained on a low phenylalanine diet supplemented in a triple-blind fashion with either a high or low phenylalanine formula. A highly significant improvement in median choice reaction times during the low phenylalanine phase of the study was found. Results suggest that adolescents with PKU on unrestricted diets have a neuropsychological deficit that appears to be at least partly reversible by return to restricted diet.

AUTHOR Fehrenbach AM; Peterson L.

TITLE **Parental problem-solving skills, stress, and dietary complaints in phenylketonuria.**

SOURCE *Journal of Consulting and Clinical Psychology* 1989 Apr;57(2): 237-41.

ABSTRACT This research demonstrated that parents' effective problem-solving skills resulted in improved disease control in their children. The authors stress the need to focus on problem-solving training dealing with high stress situations. Level of support, perceived cohesion, and degree of conflict between family members were thought to have an impact on the child's self-esteem and self-concept.

AUTHOR | Hogan SE; Gates RD; MacDonald GW; et al.
EDITOR | **Experience with adolescents with phenylketonuria returned to phenylalanine-restricted diets.**
SOURCE | *Journal of the American Dietetic Association* 1986 Sep;86(9): 1203-7.

ABSTRACT | Study of patients returned to special diet after many years of unrestricted diet noting benefits as well as compliance problems.

AUTHOR | Hunt MM; Berry HK; White PP.
TITLE | **Phenylketonuria, adolescence, and diet.**
SOURCE | *Journal of the American Dietetic Association* 1985 Oct;85(10): 1328-34.

ABSTRACT | An overview of the nutritional needs of adolescents with PKU and diet recommendations. The article provides a summary of commercially available products that meet PKU specifications and information about recommended nutrient intake for adolescents by age and gender. A list of cookbooks is included.

AUTHOR | Koch R; Yusin M; Fishler K.
TITLE | **Successful adjustment to society by adults with phenylketonuria.**
SOURCE | *Journal of Inherited Metabolic Disease* 1985 8(4):209-11.

ABSTRACT | The majority of PKU patients in this study reported being happy with their jobs and life progress, although only 23% were financially independent. The majority of these patients reported having made friendships and keeping them without much trouble; however, most stated that they would not tell their friends that they had PKU. Subjects who were placed back on the diet reported less irritability and an increased concentration span.

AUTHOR | Nowak-Cooperman KM; Trahms CM; Crnic KA.
TITLE | **The impact of assertiveness, self-concept, and coping behavior on self-management abilities in adolescents with phenylketonuria (PKU).**
SOURCE | *Journal of Adolescent Health Care* 1987 May;8(3):305.

ABSTRACT | A poster session presented at the March 1987 annual meeting of the Society for Adolescent Medicine. Baseline levels of assertiveness, self-concept, coping behavior and self-management ability in adolescents with PKU were examined. Results suggest that positive self-concept and assertiveness interact to play important roles in the development of self-management abilities essential for independent maintenance of good dietary control.

AUTHOR | Reilly C; Barrett JE; Patterson CM.

TITLE	**Trace element nutrition status and dietary intake of children with phenylketonuria.**
SOURCE	*American Journal of Clinical Nutrition* 1990 Jul;52(1):159-65.
ABSTRACT	A study of 20 children with phenylketonuria (PKU) and 20 siblings to assess trace element nutrition. Results showed higher intakes of copper and iron, and significantly lower intakes of selenium in children with PKU. The need for dietary manipulation to increase selenium and continued research is discussed.

AUTHOR	Waisbren SE; Mahon BE; Schnell RR; et al.
TITLE	**Predictors of intelligence quotient change in persons treated for phenylketonuria early in life.**
SOURCE	*Pediatrics* 1987 Mar;79(3):351-5.
ABSTRACT	Report of individuals followed up to 22 years noting dietary control as best predictor of IQ.

AUTHOR	Whitehead RG.
TITLE	**Nutritional requirements of healthy adolescents and their significance during the management of PKU.**
SOURCE	*European Journal of Pediatrics* 1987 146(Supp.1):A25-31.
ABSTRACT	This article presents a complex summary of the nutritional requirements of healthy adolescents. The author suggests special considerations which must be taken into account when managing PKU. An important consideration is the rapid growth spurt of adolescents.

Prader Willi

EDITOR	Holm VA; Sulzbacher SJ; Pipes PL.
BOOK	***The Prader-Willi syndrome.***
SOURCE	University Park Press: Baltimore; 1981:349.
ABSTRACT	This book contains a series of papers presented at a 1979 national workshop covering every aspect of the syndrome. Review papers and specific research studies focus on diagnosis, pathogenesis, medical problems, obesity management, and behavioral-social aspects. There is an annotated bibliography. This book may be of special interest to those involved with adolescent endocrinology, adolescent nutrition, research in the disorders of puberty, or developmental disabilities.

AUTHOR Caldwell ML; Taylor RL; Bloom SR.

TITLE **An investigation of the use of high-and-low-preference food as a reinforcer for increased activity of individuals with Prader-Willi syndrome.**

SOURCE *Journal of Mental Deficiency Research* 1986 Dec;30(Pt 4):347-54.

ABSTRACT Eleven individuals (ages 14-32) with Prader-Willi syndrome (PWS) were studied to determine how effective food is as a reinforcer to increase activity levels. Low amounts of preferred foods were found to be effective. There is a contradiction between earlier studies and this study, which found that food can be successfully used as reinforcement and that there may be definite food preferences among those with PWS.

AUTHOR Marlowe M; Medeiros DM; Errera J; et al.

TITLE **Hair minerals and diet of Prader-Willi syndrome youth.**

SOURCE *Journal of Autism and Developmental Disorders* 1987 Sep;17(3): 365-74.

ABSTRACT A study using hair analysis to investigate the relationship between Prader-Willi syndrome (PWS), minerals, and daily nutrient intakes in youth with PWS. Results show significantly high levels of magnesium and significantly low levels of silicon in youth with PWS; elevated levels of copper and calcium were also noted. Findings are discussed, and recommendations for future research are given.

AUTHOR Mullins JB; Vogl-Maier B.

TITLE **Weight management of youth with Prader-Willi syndrome.**

SOURCE *International Journal of Eating Disorders* 1987 May;6(3):419-25.

ABSTRACT A report of a rehabilitation program dealing with weight, nutrition, and physical fitness of eight children (8-13 years of age) with Prader-Willi syndrome (PWS). Behavior modification techniques controlled weight and improved fitness. The researchers concluded that children with PWS are capable of learning basic nutrition, and they give guidelines for school personnel and parents to follow.

Learning Disabilities

AUTHOR Adamow CL.
TITLE **The nutrition/behavior link: A review.**
SOURCE *Learning Disabilities* 1982 Jul;1(7):79-92.

ABSTRACT A review of past and current research concerning the effects of malnutrition on brain function and behavior, especially as it relates to children with learning disabilities and hyperactivity. Research regarding the K-P diet proposed by Dr. B. Feingold is reviewed, and care studies highlighting the interaction of diet and behavior are presented.

AUTHOR Fishbein D; Meduski J.
TITLE **Nutritional biochemistry and behavioral disabilities.**
SOURCE *Journal of Learning Disabilities* 1987 Oct;20(8):505-12.

ABSTRACT A discussion of nutritional biochemistry as it relates to learning disabilities and antisocial behavior. The paper reviews advances in the behavioral sciences; neurotransmitters and dietary functions; and carbohydrates and nutrients. Nutritional modes of managing and treating learning disabilities and behavior problems are suggested.

AUTHOR Zakus G; Chin ML; Cooper H; et al.
TITLE **Treating adolescent obesity: A pilot project in a school.**
SOURCE *Journal of School Health* 1981 Dec;51(10):663-6.

ABSTRACT Description of a weight control program for junior high school students which included students with and without learning disabilities. Techniques included behavior modification, dietary management, and physical activity. Program success was demonstrated through a decrease in weight and continued weight loss of the students involved.

TITLE	**Cystic Fibrosis Nutrition Assessment Form**
SUPPLIER	Bureau of Special Medical Services; New Hampshire Department of Health and Human Services
ADDRESS	6 Hazen Drive; Concord, NH 03301-6527
PHONE	603-271-4512
PRODUCER	Patricia Murray
ABSTRACT	A 4-page nutrition assessment form designed for use by patients with cystic fibrosis. Categories for assessment include: diet history; anthropometrics; physical activity; laboratory studies; assessment of nutritional status; notes on how calorie, desirable weight and protein requirements were determined; and a cystic fibrosis nutrition flow sheet. No charge for single copies.

TITLE	**Diet and Nutrition: A Resource for Parents and Children with Cancer**
SUPPLIER	National Cancer Institute
ADDRESS	Publications Order, Office of Cancer Communications, Bldg. 31, Room 10A24, Bethesda, MD 20892
PHONE	1-800-4-CANCER
ABSTRACT	A 57-page booklet containing information about the importance of nutrition, side effects of cancer and cancer treatment, ways to encourage children to eat, and special diets. Available at no cost.

TITLE	**Dietary Recommendations for PKU**
SUPPLIER	Utah Department of Health, Division of Family Health Services
ADDRESS	Bureau of Maternal and Infant Health 44 Medical Drive, Salt Lake City, UT 84113
PHONE	801-584-8237
PRODUCER	Pat Schaefer
DATE	1992
ABSTRACT	Originally designed for use by public health nurses, this one-page handout explains PKU and the diet that should be followed.

TITLE	**Eating Hints: Tips and Recipes for Better Nutrition During Cancer Treatment**
SUPPLIER	National Cancer Institute
ADDRESS	Publication Order, Office of Cancer Communications, Bldg. 31, 10A24, Bethesda, MD 20892
PHONE	1-800-4-CANCER
DATE	1990
ABSTRACT	This 96-page cookbook-style booklet contains tested recipes and suggestions for maintaining optimum, yet realistic, good nutrition during cancer treatment. Available at no cost.

TITLE	**Food-The Foundation**
SUPPLIER	AIMS Media
ADDRESS	9710 DeSoto Ave., Chatsworth, CA 91311-4409
PHONE	1-800-367-2467
PRODUCER	Education and Staff Development, Lincoln General Hospital, Lincoln, Nebraska
DATE	1986
ABSTRACT	This 10-minute video addresses dietary needs for persons with cancer. It includes ways to add calories, increase protein and boost nutrition as a way of controlling weight loss. Rental: $75.00 plus shipping and handling; purchase: $175.00 plus shipping and handling.

TITLE	**Food to Live On**
SUPPLIER	CDMRC-Media Services
ADDRESS	WJ-10; University of Washington; Seattle, WA 98195
PHONE	206-543-4011
PRODUCER	Catherine Holman, Margaret West
ABSTRACT	This 23-minute video uses a music video format to convey nutritional information to adolescents with developmental disabilities. The video incorporates adolescent characteristics and lifestyles to discuss weight management, malnutrition, and the development of positive attitudes toward appropriate nutritional concepts. Rental: $45.00 per week; purchase $118.00.

TITLE	**Food and Nutrition**
SUPPLIER	Producer or EDRS
PHONE	1-800-443-3742
PRODUCER	Texas Education Agency, Austin Dept. of Occupational Education and Technology
ABSTRACT	A seventh- and eighth-grade curriculum guide for consumer and homemaking education which includes a section on teaching students with disabilities. The home economics curriculum includes information on nutrition, meal management, buying food, kitchen skills, food preparation, and food processing. Included are a series of 52 transparency masters and a food and nutrition reference list (332 pages). Available from: Home Economics Curriculum Center, Texas Tech. University, PO Box 4067, Lubbock, TX 79409; (Purchase: $17.50) or EDRS, ED# 229 646, 1-800-443-3742.

TITLE	**Hidden from View. PKU in the Teen**
SUPPLIER	Pediatric Neurology Service, University of Michigan Hospital
ADDRESS	Box 0800, Rm. C7123, Outpatient Building, Ann Arbor, MI 48109-0800
PHONE	313-936-4185
PRODUCER	Susan Carano Cole, M.S.W.
DATE	1985
ABSTRACT	This booklet contains an illustrated explanation of PKU and how teens can best manage it. Purchase: $1.00.

TITLE	**A Journey into the World of PKU**
SUPPLIER	Kenneth W. Wessel, Ed.D.
ADDRESS	JHU Center for Medical Genetics; CMSC 1004; 600 N.Wolfe Street; Baltimore, MD 21205
PHONE	410-955-3071
PRODUCER	Kenneth W. Wessel, Ed.D.
DATE	1991
ABSTRACT	This book was developed in order to provide relevant information for children with PKU and their families. Its focus is on features of PKU and Maternal PKU, including identification, treatment and management. Purchase: $12.00.

TITLE	**MCH Program Interchange. Focus on Nutrition. March 1992.**
SUPPLIER/ PRODUCER	National Center for Education in Maternal and Child Health
ADDRESS	2000-15th St. N., Suite 701, Arlington, Virginia 22201-2617
PHONE	703-524-7802
ABSTRACT	This bibliography presents reports and materials related to nutrition, including some that are relevant to children and adolescents with special health care needs. **Focus on Nutrition,** part of the MCH Program Interchange series, was also printed in 1990 (October) and 1991 (May). The series is designed to promote the exchange of information about programs, activities, and materials which have been developed by or are available from federal agencies, state and local public health agencies, and voluntary and professional organizations. Each edition contains announcements of continuing education opportunities and other MCH-related events.

TITLE	**A New Way of Life**
SUPPLIER	AIMS Media
ADDRESS	9710 DeSoto Ave.; Chatsworth, CA 91311-4409
PHONE	1-800-367-2467
ABSTRACT	This 15-minute video discusses the relationship between insulin, diet, and exercise in controlling diabetes. The danger of obesity, the risks of smoking, and caution about drinking alcohol are also included. Rental: $75.00 plus shipping and handling; purchase: $195.00 plus shipping and handling.

TITLE	**Nutrition and Feeding for the Developmentally Disabled: "A How-to Manual"**
SUPPLIER	Producer or EDRS
PHONE	1-800-443-3742
PRODUCER	South Dakota State Dept. of Education and Cultural Affairs, Pierre, Child and Adult Nutrition Services; South Dakota University, Vermillion, School of Medicine
DATE	1985
ABSTRACT	An educational manual for food service personnel, parents, and health professionals on how to better serve the nutrition needs of children and adolescents with developmental disabilities. Topics addressed include: dietary aids, nutritional status, underweight and slow growing children, obesity, diets for special medical conditions, unusual feeding problems, and dental and oral health. The manual contains numerous guides and resources (191 pages). Available from: South Dakota Dept. of Education, Child and Adult Nutrition Services, 700 N. Illinois, Pierre, SD 57501, (Purchase: $3.50); or EDRS, ED# 285 328, 1-800-443-3742.

TITLE	**Nutrition and Your Health: Dietary Guidelines for Americans**
SUPPLIER	Consumer Information Center
ADDRESS	Department 527Y, Pueblo, CO 81009
PRODUCER	U.S. Department of Agriculture and U.S. Department of Health and Human Services
DATE	November 1990
ABSTRACT	A pamphlet, available in English or Spanish translation, that contains dietary guidelines which are the basis for the nutrition component of the Health Promotion, Disease-Prevention Strategy, as outlined in the **Year 2000 Objectives**. Single copies are free. Multiple copies must be ordered from the Government Printing Office (Stock No. 001-000-045610).

TITLE	**PKU and Teens: Planning Makes it Easier**
SUPPLIER	Genetics Program, Illinois Department of Public Health
ADDRESS	535 West Jefferson Street, Springfield, IL 62761
PRODUCER	University of Illinois at Chicago
ABSTRACT	This booklet emphasizes the importance of following the PKU diet and regimen. It suggests ways for teens to explain PKU to their friends and ways to control blood PHE levels while participating in social situations. Also available as a 12-minute video entitled "Teenagers and PKU." No cost for the booklet or video.

TITLE	**Problems with Eating: Interactions for Children and Adults with Developmental Disabilities**
PRODUCER	American Occupational Therapy Association, 1383 Piccard Drive, PO Box 1725, Rockville, MD 20850-4375
PHONE	301-948-9626, ext. 258
DATE	1987
ABSTRACT	A 128-page monograph composed of 10 papers covering a wide variety of issues related to the eating behavior of children and adults with developmental disabilities. Topics addressed include: use of videofluoroscopy in evaluation and treatment of children with swallowing disorders; various aspects of programs for and the feeding of individuals with compromised oral-motor function; and occupational therapy and feeding in institutions for persons with mental retardation.

TITLE	**What Every Teenager Needs to Know About Good Nutrition**
SUPPLIER	Channing L. Bete Co., Inc.; 200 State Road; South Deerfield, MA 01373-0200
PHONE	413-665-7611
ABSTRACT	An illustrated booklet that discusses the essentials of good nutrition. Included are tables of calories for many foods and a personal diet record. Purchase: $1.00.

NUTRITION PROGRAMS

NAME	**Food and Nutrition Information Center (FNIC)** National Agricultural Library
ADDRESS	United States Department of Agriculture, 10301 Baltimore Blvd., Beltsville, MD 20705-2351
PHONE	301-344-3719
ABSTRACT	This information center provides bibliographies and other resources to consumers, educators, and health professionals. Of special interest is **Nutri-Topics** (new name for the Pathfinder series), a publication that provides a reading list of books, booklets, and journals, as well as resource suggestions. Sample topics include: Nutrition and the Handicapped; Nutrition During Adolescence; and Nutrition, Learning and Behavior. Contact the FNIC for a publication list. Single copies are free of charge.

TITLE	**Meeting Nutrition Needs of Children and Adolescents with Special Needs Through Community-Based, Family-Centered, Culturally-Competent Nutrition Services**
CONTACT	Teresa Carithers, R.D., M.H.S., L.D.; Project Director or Danita Quebedeau, R.D., M.A., L.D.; Project Coordinator
ADDRESS	Mississippi State Department of Health Children's Medical Program, PO Box 1700, Jackson, MS 39215-1700
PHONE	601-987-3965
ABSTRACT	The Nutrition Services Division of the Children's Medical Program has implemented a statewide regional nutrition network by establishing four regional nutritionist positions. These nutritionists act as resources for local nutritionists and also provide family support, consultation, and technical assistance to caregivers and other service providers for children with special health needs.

TITLE	**Making Choices**
CONTACT	Cynthia L. Van Riper, M.S., R.D., C.N.
ADDRESS	Meyer Children's Rehabilitation Institute 600 South 42nd Street, Omaha, NE 68198
PHONE	402-559-7466
ABSTRACT	Making Choices is a weight management program for youth with physical disabilities that uses SHAPEDOWN, a program developed by the University of California in San Francisco. Age-appropriate lesson plans and workbooks are used to promote sound dietary practices and the development of individualized physical fitness plans.

NOTE: Families and professionals in need of nutrition services should contact the MCH Nutritionist associated with their state Department of Public Health, Programs for Children with Special Health Care Needs.

***CYDLINE* Reviews**

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National Center for Youth with Disabilities/Society for Adolescent Medicine

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